

<b>Case Number:</b>	CM13-0071059		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 05/21/2013. The treating diagnoses include major depression, insomnia, and generalized anxiety disorder. On 07/26/2013, a psychological consultation noted that the patient was diagnosed with generalized anxiety and major depression. The treating psychologist recommended psychiatric treatment and also recommended weekly relaxation training and hypnotherapy as pain control methods.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MEDICAL HYPNOTHERAPY/RELAXATION TRAINING ONCE A WEEK FOR 24 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Medical Treatment Utilization Schedule does not discuss hypnosis. The Official Disability Guidelines recommends an initial trial of 4 visits and then potentially up to 10 visits based on evidence of objective functional improvement. The current request for 24 hypnosis sessions substantially exceeds the treatment guidelines. The medical records do not

provide a rationale as to why this would be an exception for more initial visits. The request for medical hypnotherapy/relaxation training once a week for 24 weeks is not medically necessary and appropriate.